



SAR PEP

SYSTÈME APPRENANT RAPIDE
POUR LES PROGRAMMES DE
PREMIERS ÉPISODES PSYCHOTIQUES

What works in implementing
learning health systems to improve
youth mental health services?

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Funding - FRQS-Quebec Innovation Partnership - Janssen



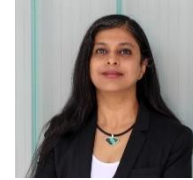
PRINCIPAL INVESTIGATORS



- Dr Amal Abdel Baki, MDFRCP



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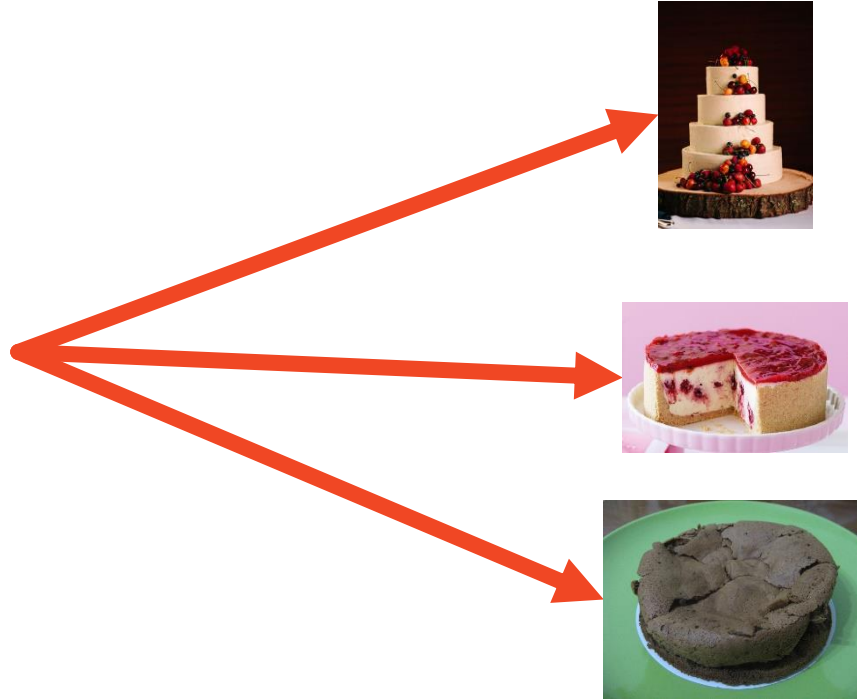


EIS EFFICACY PROVEN BUT...

Gaps Scientific
Evidence-
clinical
practice

Implementation
not aligned
with standards

EVEN IF THE RECIPE IS AVAILABLE TO ALL...
HOW YOU EXECUTE IT WILL DETERMINE RESULTS





QUEBEC'S EIS & SAR PEP



33 clinics (↑ from 18 in 2017)

11 clinics within 10 CISSS & CIUSSS

225+ healthcare professionals
60+ psychiatrists

90+ healthcare professionals
33 psychiatrists
11 team leaders

~ 2,700 active patients
(in growth : 3,100 estimated by MSSS)

~ 1,700 active patients

~ 1,370 new cases / year

~ 734 new cases / year

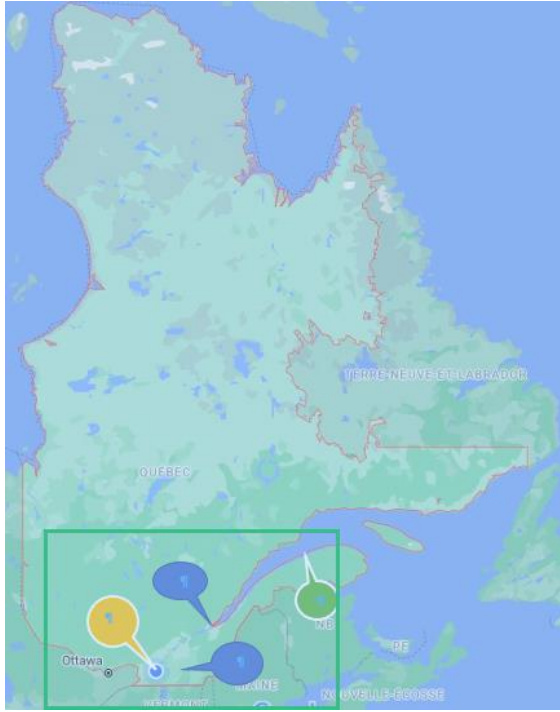
2020 survey

5 patient partners
4 family partners

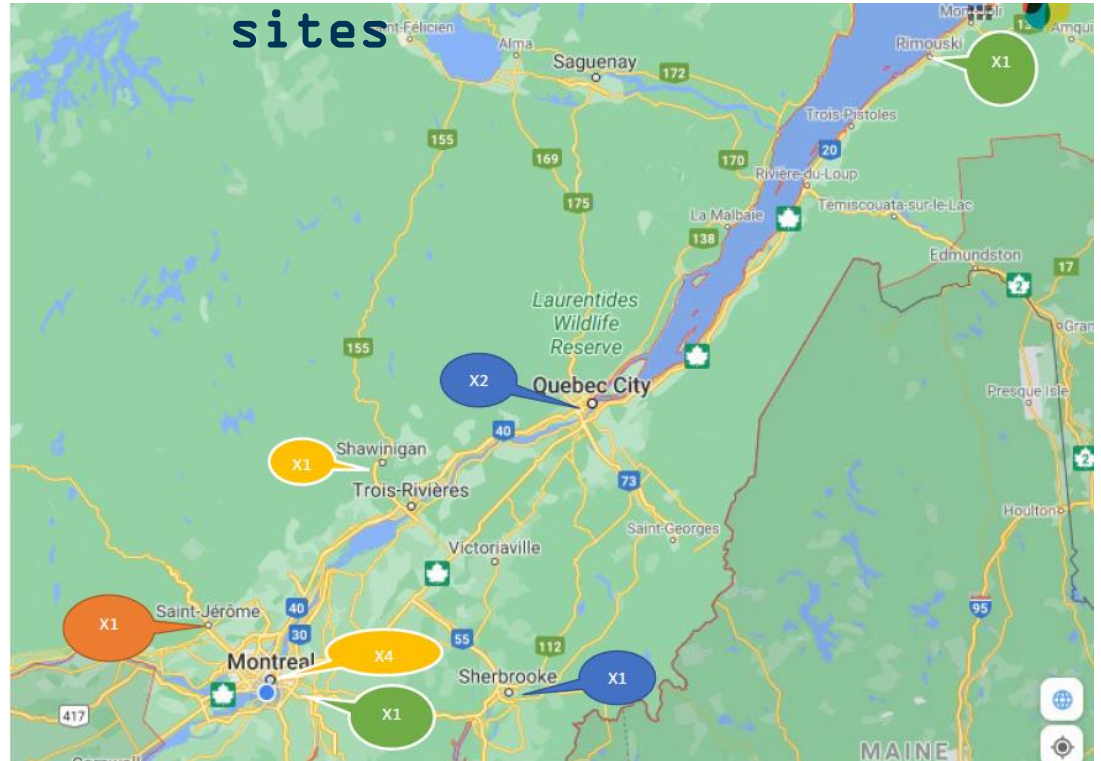
Partnership with
CNESM-MSSS &
AQPPEP



SITE SELECTION



Pilot Project: 11 sites





STAKEHOLDERS ENGAGED AT EVERY STEP: CREATION, PLANNING, IMPLEMENTATION



Researchers



Clinicians &
Team
Coordinators



Service
Users
& Family

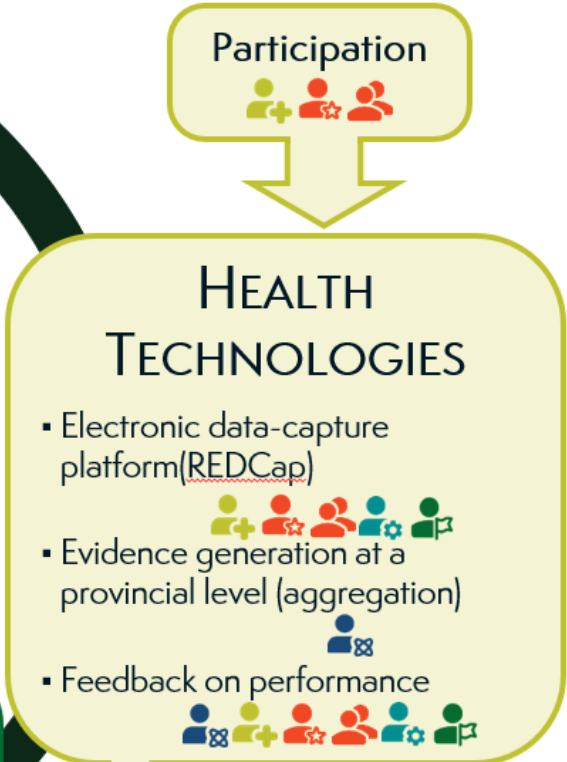
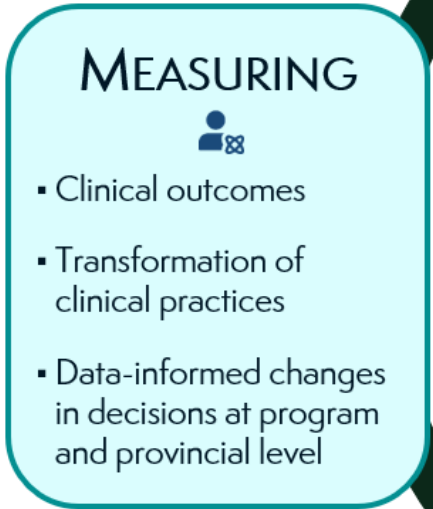
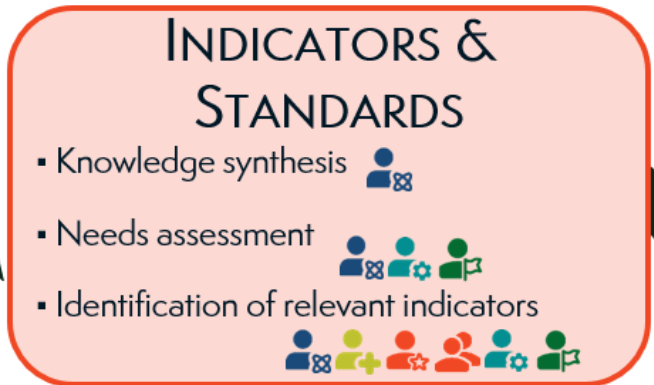


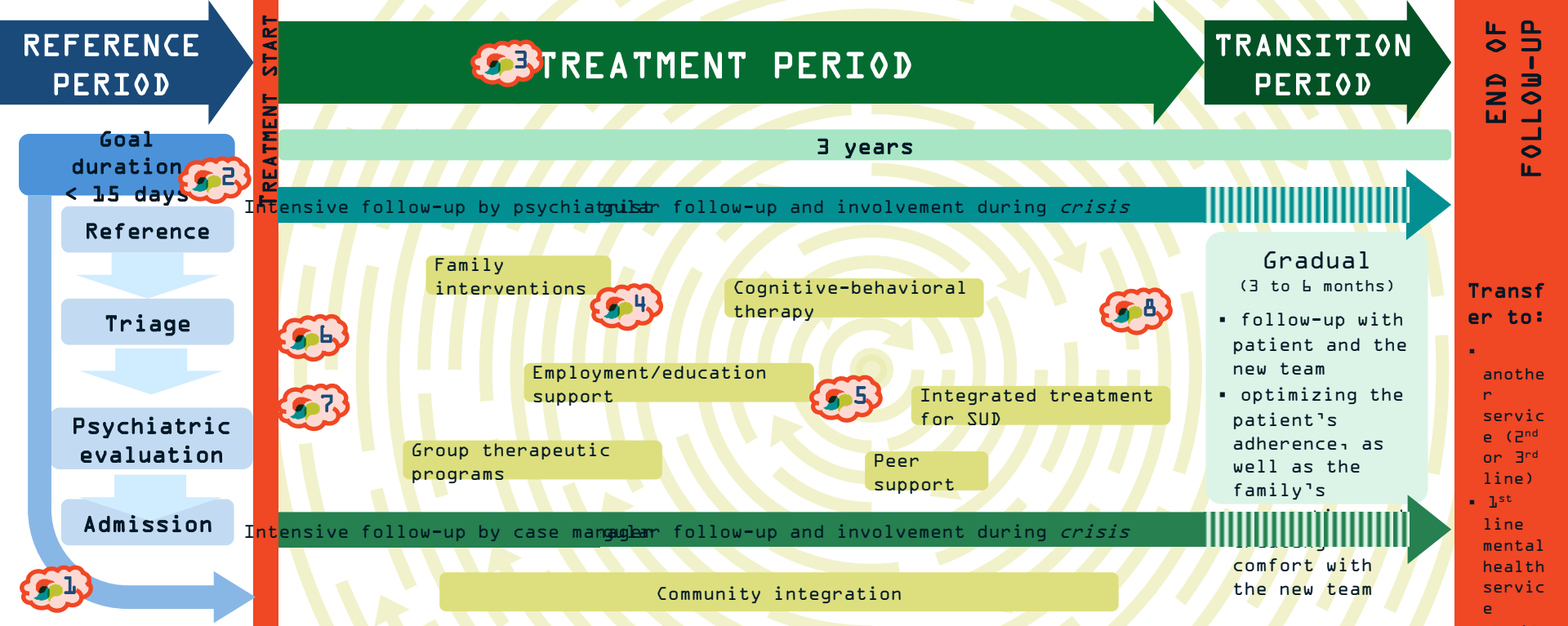
Administrato
rs /
Managers



Decision
Makers







SAR PEP INDICATORS

1 Access to care - process

2 Access to care - systemic delays

3 Service users' engagement and satisfaction

4 Family engagement

5 Evidence based practices and recovery oriented

6 Continuous Education (CE)

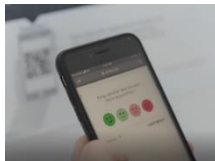
7 Clinician to Patient Ratios

8 Self-reported outcome by the patient



SURVEY EXAMPLES

Service Users



What type of impact did the services had on your management of :

					Not applicable/I don't know
Your mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your physical health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your job or school situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your living situation (where you live)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your leisure activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Short survey 2 min

Long survey 10 min

Clinical team leaders (4-monthly)

G1.2 How many psychiatrists are there in the team (ETC)?

G2 How many patients do you have whose file is active to date?
* Obligatory

G3 How many new patients have been referred to you in the last 4 months, ie since ____?
* Obligatory

Family & Relatives

Please read the following statements and choose the option that best reflects your opinion.

	Strongly Agree	Agree	Disagree	Strongly disagree	Not applicable/I don't know
I am satisfied with the support (e.g., advice, information, time) that I have received from the <u>psychiatrist(s)</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the support (e.g., advice, information, time) that I have received from the <u>case manager(s)/intervention worker(s)</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the <u>OTHER</u> services (e.g., psychoeducation, family therapy) that I have received	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



FEEDBACK TO EIS



Systematically and **automatically** sent to each EIS's stakeholders



Evolution in the implementation of components over time

Compared to the Cadre de Référence PIPEP's standards



Compared to other EIS

Recommendations on how to improve with rationale

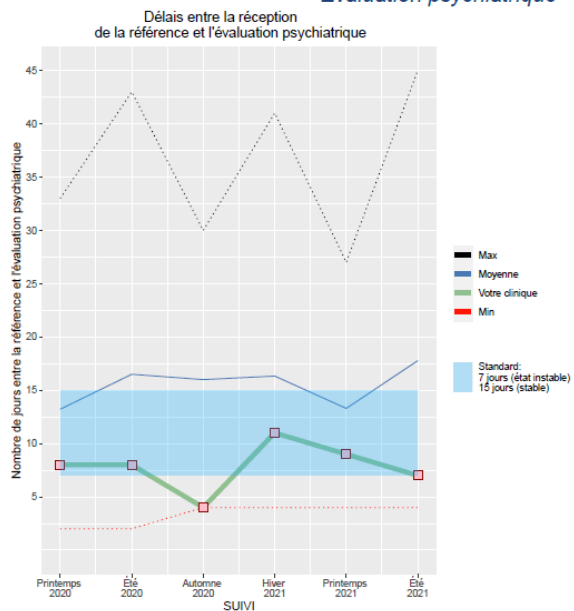




FEEDBACK WITH ADVICE

Accessibility / Access delays Psychiatric evaluation

Accessibilité / Délais d'accès
Évaluation psychiatrique

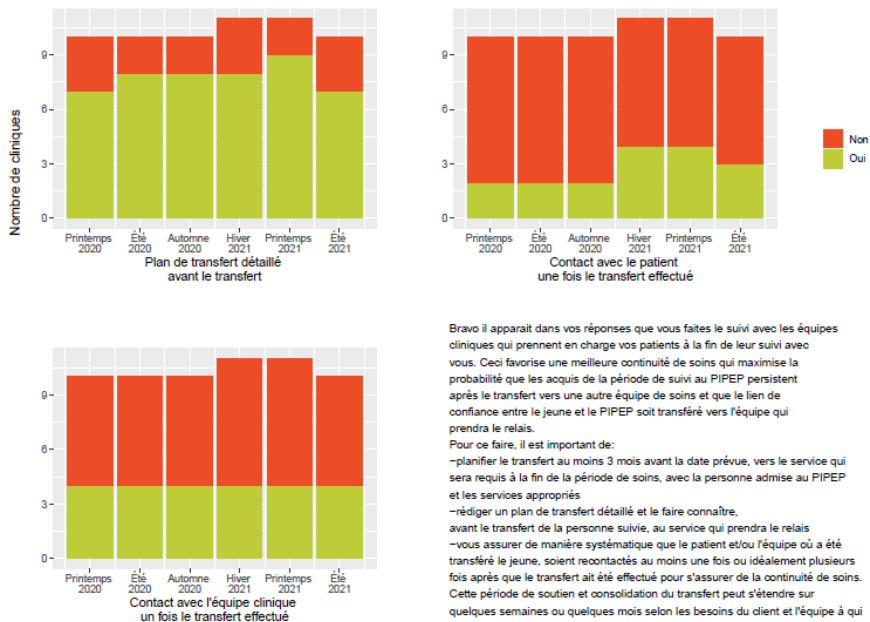


Félicitations ! Le délai entre la réception au PIPEP et l'évaluation par un psychiatre devrait être de moins de 15 jours si le patient est stable et de moins de 7 jours s'il est instable. Cela semble être le cas dans votre clinique.

La réduction des délais avant l'évaluation vise à réduire la durée de psychose non-traitée (DPNT) et à maximiser l'engagement du jeune envers ses soins. Une DPNT plus courte est associée à une meilleure évolution symptomatique et fonctionnelle.

Continuity of care after PIPEP

Continuité des soins après le PIPEP



Bravo il apparaît dans vos réponses que vous faites le suivi avec les équipes cliniques qui prennent en charge vos patients à la fin de leur suivi avec vous. Ceci favorise une meilleure continuité de soins qui maximise la probabilité que les acquis de la période de suivi au PIPEP persistent après le transfert vers une autre équipe de soins et que le lien de confiance entre le jeune et le PIPEP soit transféré vers l'équipe qui prendra le relais.

Pour ce faire, il est important de:

- planifier le transfert au moins 3 mois avant la date prévue, vers le service qui sera requis à la fin de la période de soins, avec la personne admise au PIPEP et les services appropriés
- rédiger un plan de transfert détaillé et le faire connaître, avant le transfert de la personne suivie, au service qui prendra le relais
- vous assurer de manière systématique que le patient et/ou l'équipe où a été transféré le jeune, soient recontactés au moins une fois ou idéalement plusieurs fois après que le transfert ait été effectué pour s'assurer de la continuité de soins. Cette période de soutien et consolidation du transfert peut s'étendre sur quelques semaines ou quelques mois selon les besoins du client et l'équipe à qui le client est transféré.



FEEDBACK ON SATISFACTION

« HAPPY OR NOT »

User satisfaction from June 1st to September 30th, 2021

Total - 215 resp.

Sample clinic

Are you satisfied with the services received today?



81.4%
175 resp.



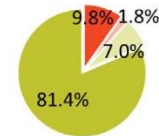
7%
15 resp.



1.8%
4 resp.



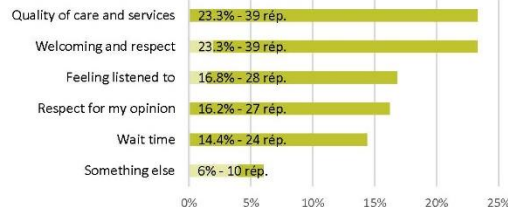
9.8%
21 resp.



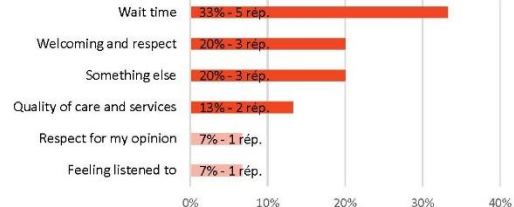
Reports are sent by e-mail at the chosen frequency



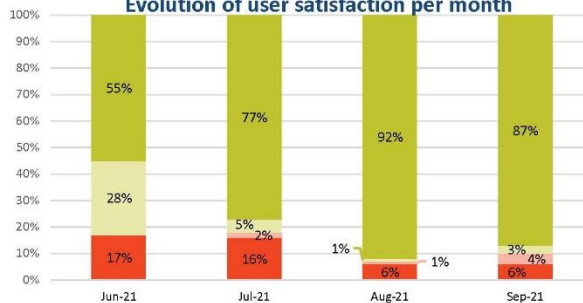
Highlights



Pain points



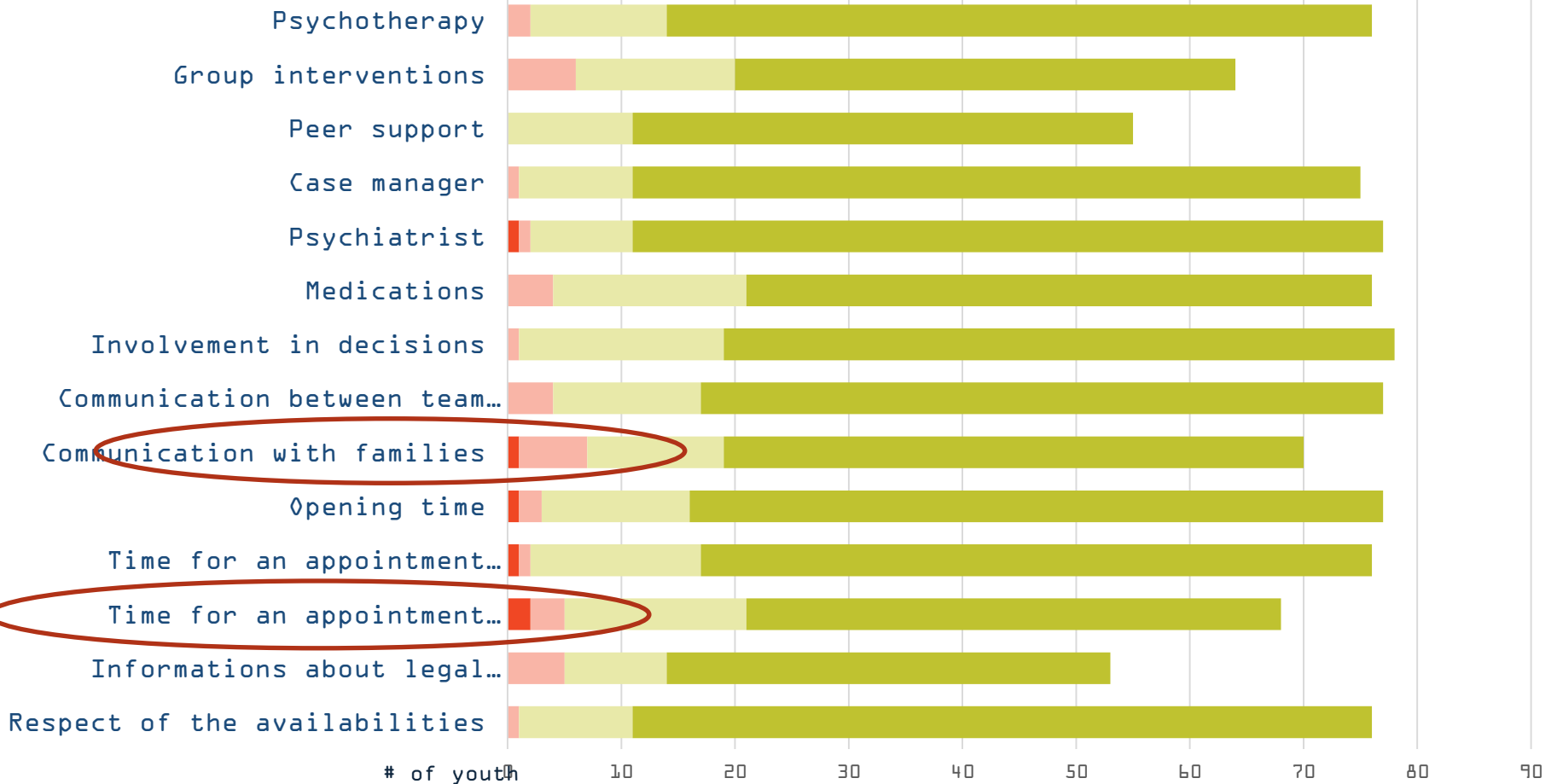
Evolution of user satisfaction per month





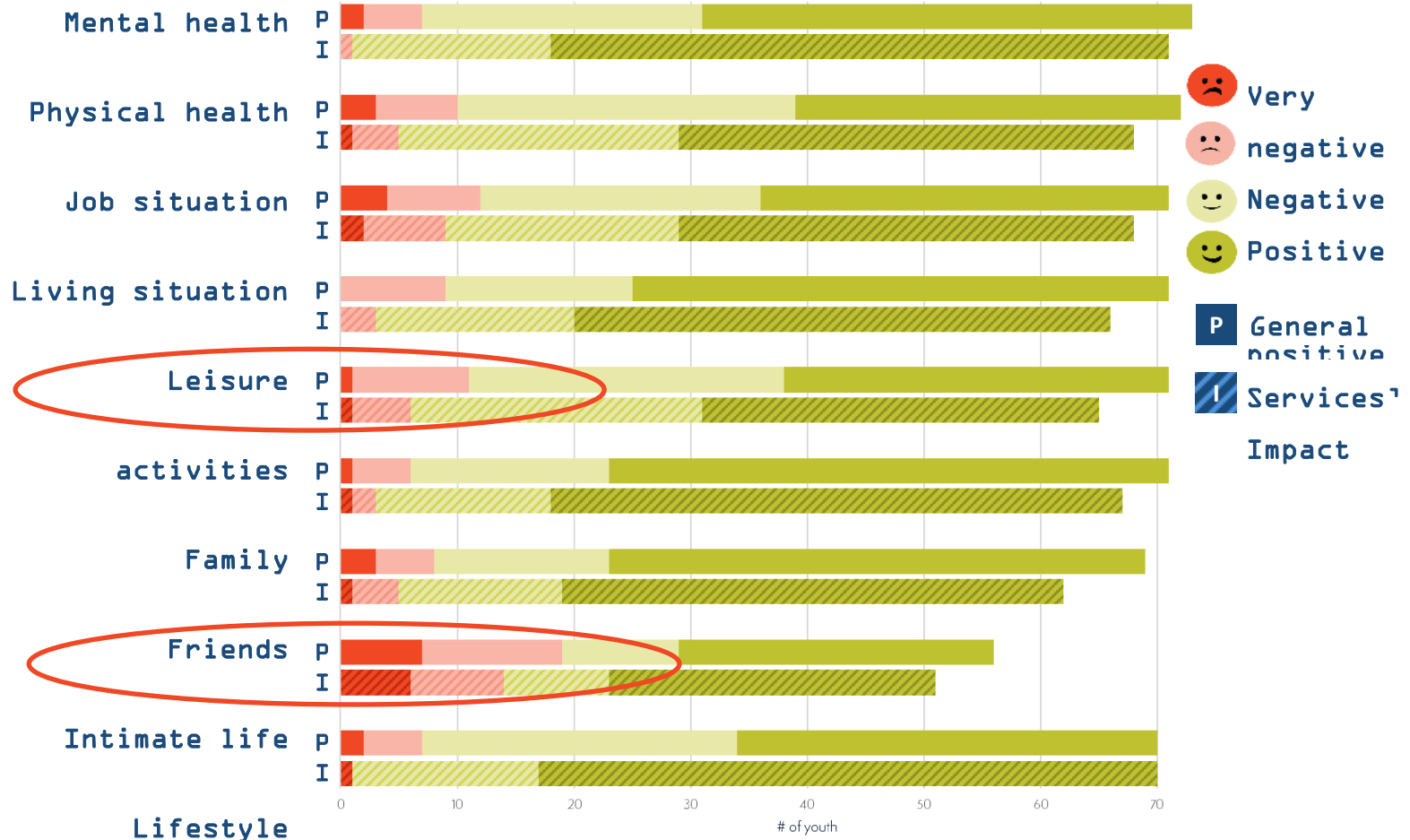
Satisfaction about services received until now

Very negative Negative Positive Very positive





PERCEPTION OF PATIENT'S HEALTH/SITUATION AND SERVICES' IMPACT





IMPACT EVALUATION RE AIMFRAMEWORK



REACH
How much of the targeted population participates in the intervention

EFFECTIVENESS
Impact of the intervention on outcomes

ADOPTION
Extent and ease of adoption, and degree of change

IMPLEMENTATION
Facilitators and barriers

MAINTENANCE
Use of health technologies over time, with regular data collection by programs / the extent to which data collection is sustained by programs over the course of the project



ADOPTION & EFFECTIVENESS



Indicators	Ability to collect data	Standards reached?	Improvement - in progress
Youth engagement and satisfaction			Improving participation in REDCap Improve data on disengagement
Family engagement			Improving participation in REDCap Improving Family engagement Data
Access to Care Process			
Delays to access care			Delays slightly higher than standard in some clinics
Staff Continuing training			
Patient : case manager ratios			Ratios slightly above standards for some clinics only
Evidence-based, recovery-oriented interventions offered			
Patient self-reported clinical evolution			In progress - Feedbacks being created

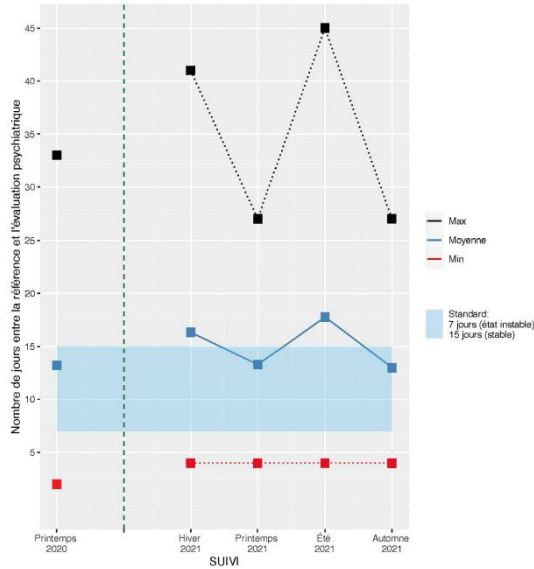


EFFECTIVENESS - RAPID INTEGRATION OF KNOWLEDGE INTO CLINICAL PRACTICES

Accessibilité / Délais d'accès

Évaluation psychiatrique

Délais entre la réception de la référence et l'évaluation psychiatrique



Improvement - access to services

- Reduction of psychiatric assessment delay in the 1st year

16.3 days
(winter 2021)



13.0 days
(fall 2021)

- Reduction of 1st contact delay

12.0 days



2.3 days

- Reduction of exclusion criteria

3/11



1/11

- Increase in references made by relatives, schools and in self-referencing

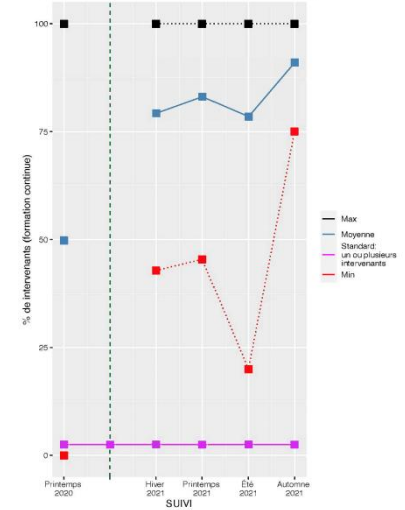
49.8%



91.0%

Formation continue

Pourcentage des intervenants en formation continue





IMPACT EVALUATION

QUALITATIVE DATA

Achieved
✓

In progress
🕒

started / not reached by majority
📊

RE AIM FRAMEWORK:

REACH

Number of people from each stakeholder group (clinicians, managers, service users, and family members) who participate in research focus groups

EFFECTIVENESS

Perceptions of each stakeholder group regarding the ability of the RLHS to promote evidence-based and quality care in the EIS

ADOPTION

Perceptions of each stakeholder group on whether it was feasible for the EIS to integrate indicators and digital data into routine care

IMPLEMENTATION

Perceptions of each stakeholder group regarding the extent to which the RLHS protects patient rights and privacy

MAINTENANCE

Perceptions of each stakeholder group on how the RLHS enables learning, innovation, and discovery

REACH



4
Psychiatrists



6 Managers



7 Providers
(Team
Leaders)



5 Service
Users



2 Family
Members

EFFECTIVENESS

Perceptions of each stakeholder group regarding the ability of the RLHS to promote evidence-based and quality care in the EIS



Psychiatrists

The project allows you to see the services we offer versus what is offered in other clinics, what are your strengths, what are the points to improve as a clinic.



Providers

We are finishing our first three years, it really helped me to know how it was done elsewhere, on how we are going to apply it in our clinic.

it has allowed us to keep a common thread between PEP clinics. Because, well, with everything that happened [COVID pandemic]...



Service Users

Well me, what I find really great in [name of program] is really a 5-star service, the fact that you have quick access to services and indeed the groups where I participated in all the psychoeducation groups The fact that we also work with the family, that's new in intervention.



Family Members

It offers a forum for sharing between clinics

ADOPTION

Perceptions of each stakeholder group on whether it was feasible for the EIS to integrate indicators and digital data into routine care



Psychiatrists

Well, I think all of these, all of these items [indicators] are important. But still, I think it is important to know to what extent the programs are able to collect ..



Managers

I would say that even if they are all important, the process of access to care seems really important to me



Providers

Of course, when it comes to quality of service, I find that the patient-intervener ratio, then the time taken to access care is super important when it comes to quality of service



Service Users

I think the indicators are quite accurate. It gives a fairly general idea of how we are living the situation. I would say that the most relevant to improve the quality of the PIPEPs



Family Members

*The delay in accessing care
How many times I hear from families who have taken steps, they have been seen in the emergency room and then they have been discharged...*

IMPLEMENTATION

Perceptions of each stakeholder group on whether it was feasible for the EIS to integrate indicators and digital data into routine care



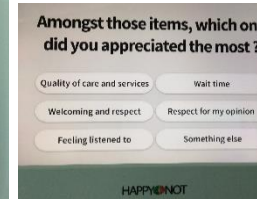
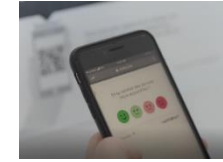
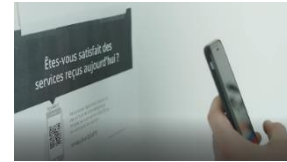
Providers

The Happy or not for me is playful, we put it close to the exit door. Makes it fun , there is flash



Service Users

I would say it was well established. It was right in the hallway where we go to do our psychoed activities , or meetings with speakers. The tablets are big enough so it's easy to read. I have no further comments



IMPLEMENTATION

Perceptions of each stakeholder group on whether it was feasible for the EIS to integrate indicators and digital data into routine care



Providers

I see having an idea very quickly after an appointment if people are immediately satisfied.



Service Users

Me, when I tested that, I remember that I was pleasantly surprised by the QR code because we're in a pandemic and well, a tablet... at that time, I was more stressed



Clinical team leaders (4-monthly)

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	<i>* Obligatory</i>	
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IMPLEMENTATION

Perceptions of each stakeholder group on whether it was feasible for the EIS to integrate indicators and digital data into routine care



Psychiatrists

I think that if the parameters are very well defined, very well collected, the information is reliable, it was always be useful to receive this information



Managers

I found it just very relevant. I don't remember anything that I thought was irrelevant to receiving

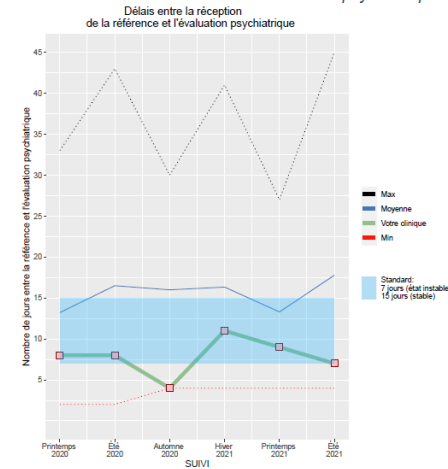


Providers

It's also good for them too to see what has gone well in the last 3-4 months, what we still have to work on or improve too. It also allowed to identify objectives.

Yes, it's because it brings concreteness to our everyday actions. That's clear

Accessibilité / Délais d'accès
Évaluation psychiatrique



TAKE HOME MESSAGES



- Overall, people agree that a RLHS can promote evidence-based care in EIS services.



- It created a sense of belonging to a community that aims to learn and improve.



- Programs welcome the use of technology but they also recognized some of the challenges in deploying them and integration of digital data in routine care.



POTENTIAL FUTURE IMPACT



Deployment in EIS

- Across Quebec (11 → 33 clinics)
- Interest from other provinces for a pan-Canadian LHS with provincial specificity

Fidelity Assessment ?

- Currently evaluating its reliability and precision
- Usable for official approval?



Implementation Tool transposable to other models?

- **Standardized Care Models** with multiple components and interventions, multidisciplinary teams, ...
- Youth Mental Health Hubs (Aires Ouvertes, etc.), ACT Teams,





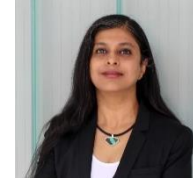
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